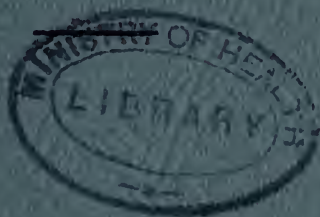


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# REPORT

OF THE  
MEDICAL OFFICER OF  
HEALTH

For the Year 1950.



Ogmore & Garw Urban District Council.

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*With the Compliments  
of the  
Medical Officer of Health.*



Ogmore and Garw  
Urban District Council.

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**R E P O R T**

OF THE  
MEDICAL OFFICER OF  
HEALTH

For the Year 1950.

## PUBLIC HEALTH STAFF

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(a) MEDICAL.

*Medical Officer of Health :*

B. T. JONES, L.M.S.S.A. (Lond.), D.P.H. (Edin.).

(b) SANITARY INSPECTORS.

*Senior Sanitary Inspector :*

O. L. THOMAS, Sanitary Inspector's Certificate, Meat Inspector's Certificate

*Sanitary Inspector :*

W. DAVIES, Sanitary Inspector's Certificate.

(c) CLERICAL.

D. OSBORNE (temporary 1/1/50 - 18/7/50).

Miss V. DAVIES, appointed 6/11/50.

MR. CHAIRMAN AND GENTLEMEN,

I have pleasure in submitting once more my annual report drawn up in accordance with the requirements of circular 112/50 (Wales).

It will be noticed that special emphasis has been placed on problems connected with housing, old age and rehabilitation as I feel these are pressing and should be grappled with as soon as possible.

It is remarkable that there was, comparatively speaking, so little illness in the area during the latter part of 1950 when the fact that there was little sun-shine in the summer season to assist in building up the reserves of the people is remembered.

The influenza epidemic, which reached peak proportions in the North and Midlands did not cause undue increase in illness in this area, the incidence of sickness here reaching its height in September. Towards Christmas there was a marked decline.

The downward trend in infantile mortality was unfortunately checked but the figures can still be regarded with a certain measure of satisfaction.

There was a mild epidemic of scarlet fever in the Ogmore Valley but the total number of cases showed a decrease as compared with 1949. There was a decrease in poliomyelitis cases, a decrease in whooping cough and a slight decrease in measles and pneumonia.

There was an epidemic of infective hepatitis in the early part of the year in the Garw area.

There was an unusual case in Pantygog. A child contracted canicola fever.

There is no record of there having been a similar case in this area.

There was a significant drop in the number of tuberculosis patients notified.

The birth rate was 15.6 per 1,000 population and the death rate 13.8.

3,721 children were attending schools in the area.

I must thank the staff of the Public Health Department for their assistance; also the Public Health committee for their co-operation and for the stimulating and interesting meetings during the year.

The Council has shown deep concern for and interest in those unable, through physical disability, to play their part in the battle of life. This has stimulated the desire to assist in higher authorities though it has had no tangible result as yet in this area. It did, however, show that there is a genuine wish to aid those unfortunates unable to help themselves. It is therefore our paramount duty to bring to the notice of such authorities, the problems familiar to the locality so that they may have some definite grounds on which to work. There are still a number of disabled persons to be placed suitably. As long as we maintain our interest in them, there will be a solution to the problem. There is still no difficulty in finding work for the able bodied men in the mines where, in this area, 4,252 are employed. In fact, with the re-organisation of the Ffaldau Colliery, there is need for more fit men and an endeavour is being made to increase amenities.

The great interest shown in the welfare of the mines and in the elimination of dust diseases provide a brighter outlook for the future of those employed in the mines and this should prove an inducement for recruitment especially as the skill of the miners has been recognised and the status raised to the level which it merits.

The following is information concerning manpower in the collieries of the district.

Colliery	No. of men employed last Jan. 1st, 1948	No. of men employed last Jan. 1st, 1949	No. of men employed last Jan. 1st, 1950
Western .....	874	915	867
Wyndham .....	905	849	851
Penllwyngwent .....	516	503	475
Garw .....	724	701	682
International .....	517	489	287
Glengarw .....	417	405	400
Ffaldau .....	420	510	690

### Medical Centres :

The Ocean Western, Nantymoel was the first Medical Centre to be constructed in South Wales, and is considered one of the finest in the South Wales coal fields. It cost over £8,000.

Elaborate first aid stations are being incorporated in every future pit head bath. The pit head baths now being built at



Ffaldau Colliery will have the most modern and up to date First Aid facilities.

The only additional amenities that can be suggested, in addition to the housing schemes are the provision of recreation grounds and playing fields, similar to the projects contemplated at Waun Bant, Pontycymmer and at the Wyndham where a tip is to be cleared. Yet another would be covered-in swimming baths in both valleys where swimming might be practised summer and winter. Each side of the baths, individual baths might be built for the benefit of those who have no baths in the home.

There is again a marked decrease in the number of unemployed. On December 31st, 1950, the numbers of unemployed were 150 men and 115 women, making a total of 265 as compared with 235 men and 129 women making a total of 364, on December 31st, 1949 and 263 men and 216 women making a total of 479 on December 31st, 1948.

On December 31st, 1950, there were 721 men and 13 women (employed and unemployed) on the Disabled Persons' register as compared with 752 men and 10 women on December 31st, 1949. The total number of registered disabled persons unemployed is 75 men. The number of disabled persons placed in employment during the twelve months ending Oct. 31st, 1950 was 144 men.

The number of fresh pneumoconiosis and silicosis cases which came to light during 1950 was 16. The total pneumoconiosis and silicosis cases on the Disabled Persons Register (employed and unemployed) were 204. None of these cases were trained either at the Government Training Centre or at the Industrial Rehabilitation Unit, though men in the following trades are being trained at the Cardiff G.T.C. :—

Machine operators, paviors and flag dressers, stone masons, draftsmen, radio repairers, watch and clock repairers and wood machinists. In addition to the above, the department is always prepared to consider the granting of financial assistance to employers to enable them to train local work-people in skilled and semi-skilled occupations. The Cardiff Industrial Rehabilitation Unit has given rehabilitation courses to approximately 700 workers during the year 1950. (1,450 since the unit was first set up in December, 1948). Successful placings following rehabilitation have been made in approximately 70 per cent of the cases.

### STATISTICS OF THE AREA

Area (Acres)	17,984
Estimated population, 1950	22,620
Number of inhabited houses	5,810
Rateable value	£73,574
Sum represented by a penny rate	£269

### EXTRACTS FROM VITAL STATISTICS

		Total	M.	F.
Live Births	Legitimate	344	173	171
	Illegitimate	9	5	4
	Birth Rate 15.61 per 1,000 population.			

Still Births	7	3	4
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Rate per 1,000 total (live and still) births 1949—51

Rate per 1,000 total (live and still) births 1950—51

Area comparability factor for births 1.05.

		Total	M.	F.
Deaths		312	180	132
	Death Rate per 1,000 population—13.8			

Area comparability factor for deaths 1.09.

Deaths from Puerperal Causes :—	nil
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Death rate of infants under 1 year of age :—

All infants per 1,000 live births	45.33
Legitimate infants per 1,000 legitimate live births	43.6
Illegitimate infants per 1,000 illegitimate live births	111
Deaths under 4 weeks per 1,000 live births	28.3
Deaths from malignant neoplasm (all ages)	39
Deaths from Measles (all ages)	nil
Deaths from Whooping Cough (all ages)	nil
Deaths from Diarrhoea (under 2 years of age)	1
Deaths from Cerebro-spinal fever (all ages)	nil

Birth Rate for the last 10 years for England and Wales, the  
Administrative County and Ogmore and Garw U.D.C.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England & Wales ...	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8
Glamorgan	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.1
Ogmore and Garw U.D.C. ...	18.4	18.7	20.7	19.3	19.4	19.5	20.1	20.1	18.8	15.6

Death Rate for the last 10 years for England and Wales, the  
Administrative County and Ogmore and Garw U.D.C.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England & Wales ...	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6
Glamorgan	13.2	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.7
Ogmore and Garw U.D.C. ...	11.7	11.3	11.6	10.8	11.7	11.8	13.3	12.0	12.5	13.8

### Stillbirths.

During 1950, there were 7 still births of which 3 were premature; in 1949, there were 13 still births of which 7 were premature. Of the 7 mothers of the still born infants, 5 attended well at the ante natal clinics and may be said to have taken full advantage of the facilities offered. Three were living under good conditions, 2 under fairly good conditions and only 2 in bad conditions.

One of the mothers had toxæmia of pregnancy, one had anaemia, one suffered from general debility during pregnancy and one had always been delicate.

Twenty-three premature babies were born during 1950: of these four died during the first four days.

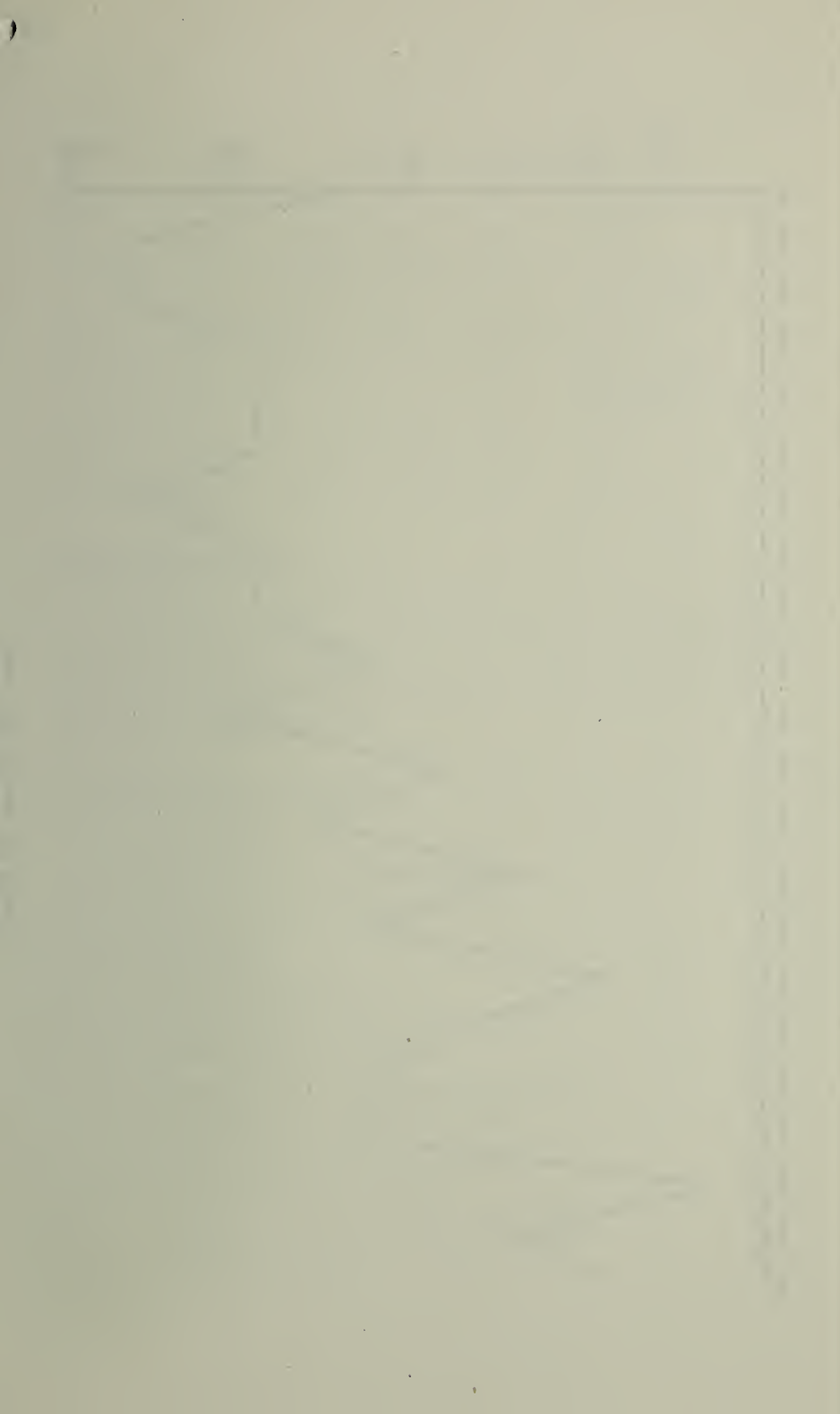
The following is an analysis of the general conditions of the cases who died.

Case	Home Conditions	Clinic Attendances	Social Conditions	Health of Mother	Condition of Child
Mrs. A.	Very good	None	Good	Good	No abnormality
Mrs. B.	Fair	Attended clinic Advised to rest	Good	Poor	Abnormal heart
Mrs. C.	Very crowded Bad conditions	None	Poor	Poor	Child deformed
Mrs. D.	Bad conditions	Attended clinic	Poor	Very poor delicate since childhood	Bilateral partial atelectasis of the lung

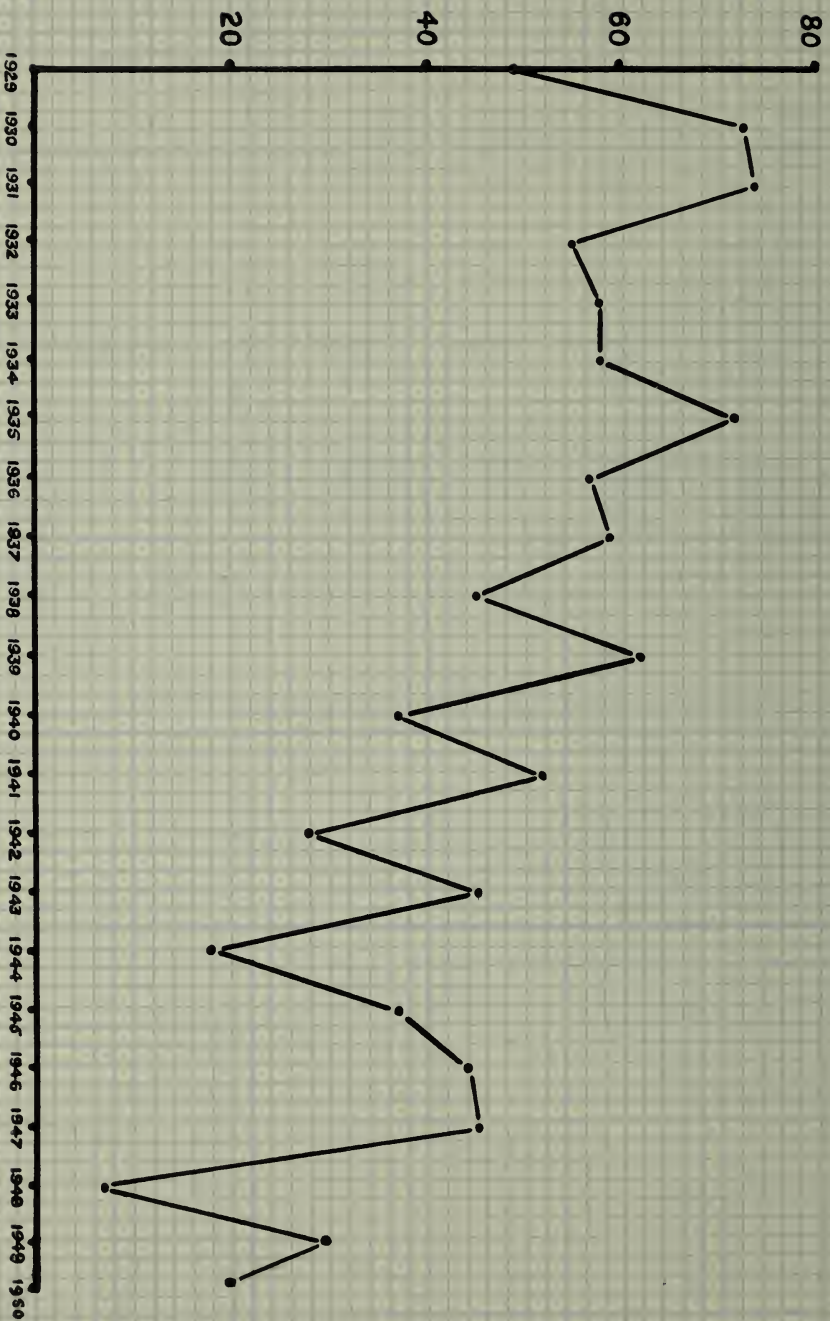
Amongst the seventeen premature babies who lived there were two sets of twins.

The following is an analysis of the general conditions of the cases :

Case	Home Conditions	Clinic Attendances	Social Conditions	Health of Mother
Mrs. A.	Good	Did not attend	Good	No record
Mrs. B.	Excellent	Attended regularly	Good	Good
Mrs. C.	Poor	Attended once but would not take advice.	Satisfactory	Anaemia
Mrs. D.	Good	Did not attend	Good	Good
Mrs. E.	Good	Did not attend	Good	A twin pregnancy
Mrs. F.	Good	Attended regularly	Good	Good
Mrs. G.	Fair	Attended regularly	Fair	Poor health Suffered from toxæmia
Mrs. H.	Very bad	Attended regularly	Poor	Temperamentally unstable



STILL BIRTH RATE, OGMORE & GARW U.D.C. 1929-1950  
(per 1,000 live and still births)



Case	Home Conditions	Clinic Attendances	Social Conditions	Health of Mother
Mrs. I.	Good house	Did not attend	Poor	A twin pregnancy
Mrs. J.	Good	Attended regularly	Good	Good
Mrs. K.	Poor	Attended regularly	Poor	A member of a problem family.
Mrs. L.	Good	Did not attend	Good	Excellent
Mrs. M.	Poor	Attended regularly	Bad	Suffered from skin trouble and anxiety.
Mrs. N.	Good	Attended regularly	Good	Good
Mrs. O.	Good	Attended regularly	Good	Good

### Infantile Mortality.

There were 16 deaths of infants under 1 year in 1950, which represents an infantile death rate of 45. Of these 10 died within the first month of life. With the exception of one of these 10, all died when less than a week old.

The causes of death were :—

Prematurity .....	2
Prematurity with abnormal heart .....	1
Prematurity with deformity .....	1
Pneumonia .....	1
Broncho-Pneumonia .....	3
Haemorrhagic disease of the new born .....	1
Shock following operation .....	1
Myocarditis with infective gastro-enteritis .....	1
Convulsions with acute bronchitis .....	1
Shock due to precipitate labour .....	1
Accident due to overlaying .....	1
Asphyxia due to suffocation by bed clothes.....	1
Pulmonary Atelectasis .....	1



# INFANTILE MORTALITY DURING THE YEAR 1950.

Deaths from stated causes in weeks and months under 1 year of age:

	Under 1 hour	Under 12 hours	Under 24 hours	1-3 days	3 days to 1 week	1-2 weeks	2-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total
Prematurity ... ..	—	—	—	—	2	—	—	—	—	—	—	2
Prematurity with abnormal heart ... ..	—	—	—	1	—	—	—	—	—	—	—	1
Prematurity with deformity ... ..	1	—	—	—	—	—	—	—	—	—	—	1
Broncho-pneumonia ... ..	—	—	—	—	2	—	—	—	1	—	—	3
Haemorrhagic disease of the new born ... ..	—	—	1	—	—	—	—	—	—	—	—	1
Pneumonia ... ..	—	—	—	—	—	—	—	—	1	—	—	1
Shock following operation ... ..	—	—	—	—	—	—	—	1	—	—	—	1
Myocarditis, infective gastro enteritis ... ..	—	—	—	—	—	—	—	1	—	—	—	1
Convulsions ... ..	—	—	—	—	—	—	—	—	1	—	—	1
Shock due to precipitate labour ... ..	—	1	—	—	—	—	—	—	—	—	—	1
Accident due to overlaying ... ..	—	—	—	—	—	1	—	—	—	—	—	1
Asphyxia due to suffocation... ..	—	—	—	—	—	—	—	—	—	1	—	1
Pulmonary Atelectasis ... ..	—	—	—	1	—	—	—	—	—	—	—	1
Total ... ..	1	1	1	2	4	1	—	2	2	2	—	16



It is worthy of note that when the still birth rate is low as in 1950, the neonatal death rate is usually high. The death of children in the first month of life is the great problem. The Infant Welfare Clinics can exercise no influence as invariably the child dies before it attends the clinic. The best means of preventing this waste of young lives is by safe guarding the health of the mother during pregnancy.

Ante-natal advice and supervision in this area is of a very high standard. Some who lost their children had previously been advised to rest, but home conditions do not always permit this. Hence a convalescent home for such is once more advocated.

Housing conditions are improving and this, we hope, will be the greatest aid to reducing the neo-natal death rate.

### **FIFTY YEARS OF PUBLIC HEALTH IN THE OGMORE & GARW AREA**

In this area, at the opening of the century, the grasping clutch of industrialism had confined its greed to relatively small, isolated areas. Rows and rows of grey stone houses radiated from the spot where the pit had been sunk—their position was planned with but one object—that they should be as near as possible to the centre of industry—the mine. These hundreds of roofs, huddled on the steep and practically perpendicular sides of the mountains housed ignorance, poverty, death and disease; the infantile mortality rate was 201, the death rate 20 and the infectious disease death rate 1.7. Yet away from these congested, conglomeration of dwellings was beauty infinite; the hills were clothed with trees of every specimen, while the fields were ploughed, planted and harvested in season.

When the first world war broke out the population had increased by a third with attendant increase in overcrowding and general congestion, since building did not keep pace with the housing demands.

By the end of the second decade, the exigencies of war had stripped the hills of its woods; now in full view were bare, stark rugged rocks and the grim mounds of slag which crowned the mountain tops.

Yet prosperity was in the valleys and for the first time the infantile death rate dropped to two figures—from which one might

reasonably suppose that, in a certain measure prosperity effects I.M.R. in an inverse ratio.

By 1925, the population had reached 32,120 but now begins the saddest era of all—the period of the industrial depression. The very life blood of the valleys is drained away as the young leave their homes seeking new hope elsewhere. In consequence in ten years the birth rate drops from 30 in 1920 to 17 in 1930—a direct result of the diminution in the numbers of the reproductive generation. Yet the I.M.R. was not so adversely affected as might have been expected, since in this decade the infant welfare centres had been opened where advice and help were given. We are faced with empty houses and shops, soup kitchen, queues for free boots and shoes and all the degradations of economic dissolution. The black cloud of unemployment hangs over the valleys stifling initiative, hope and life itself. The I.M.R. reaches the nineties, the birth rate drops yet further. Then comes rumours of war and unlimited supplies of coal are once more a necessity in the country's economy; the young return, the birth rate rises, the I.M.R., with just one exception slips back to the fifties and sixties. The infant welfare centres no longer have to combat the evils of poverty and depression for no one, unless incapacitated need be unemployed.

The valleys are now, in 1950, embarking upon a new era, when there will be, I trust, a period of lasting prosperity which depends not upon the exigencies of a world war but upon the requirements of a planned economy. This prosperity does not mean overcrowded dwellings, denuded mountain sides, stark and grim coal tips rising higher each day, rivers are choked with filthy scum but houses built on open sites containing the most labour saving devices, mountains green with freshly planted trees, playing fields where tips formerly raised their ugly heads, rivers where fish may live and mines the entrance to which are disguised by flower gardens and trees.

Thus, at the end of the half century we seek to fulfil two ambitions—first to bequeath to our children the finest heritage of all—lasting and abounding health then to repair the havoc wrought by the hand of man leaving them a land worthy of their race.

## VITAL STATISTICS FOR THE FIRST HALF OF THE CENTURY

Year	Population	Birth Rate	Death Rate	Infantile Mortality Rate	Infectious Disease Death Rate	Tuberculosis of Lungs Death Rate	Other Chest Diseases Death Rate	Cancer Death Rate
1901	20,000	44	20	201	1.7	.85	3.8	
1902	20,400	43	16.4	148	1.7	.75	3.7	
1903	21,000	42	16	180	1.5	.8	3.8	.43
1904	21,600	43	14	152	1.2	1.04	3	.3
1905	22,000	46	15	143	2	.59	3.2	.41
1906	22,800	38	15	157	.6	.5	3.6	.5
1907	23,400	40.5	15.4	144	1.3	.7	3.6	.65
1908	24,000	39.7	13.8	120	.7	.75	3.5	.37
1909	25,000	39.8	12.9	137	2	.68	3.2	.32
1910	26,000	36.2	13.6	117	.9	.46	2.5	.6
1911	26,647	35	11.9	153	.7	.5	2.1	.43
1912	28,000	35	12	112	1.2	.5	2.6	.82
1913	29,500	34	12	126	.8	.36	2.1	.6
1914	30,170	33	11	116	.8	.3	2.4	.46
1915	31,000	29	15	150	.6	.39	2	.16
1916	29,792	27	12.5	107	.7	.7	2.1	.6
1917	29,983	26	10	86	1.03	.7	1.8	.23
1918	31,395	24	17	99	.6	.4	2.2	.42
1919	31,000	25	9	73	.75	.5	1.6	.42
1920	30,850	30	11	108	1.3	.2	2.6	1.3
1921	30,850	30.8	10.7	85	.9	.7	1.8	.6
1922	30,920	25.3	11.7	85	.4	.5	2.6	.5
1923	31,630	25.7	8.7	59	.4	.8	1.6	.7
1924	32,090	25.2	9.5	59	.18	1	1.4	.81
1925	32,120	22.1	10.7	96	.9	.8	1.7	.7
1926	31,210	20.2	10.1	87	.25	.4	2.3	.4
1927	30,560	18.1	9.3	65	.3	.8	2	.14
1928	29,130	18.7	11.9	87	.37	1	1.7	1
1929	29,100	17.5	11.2	80	.36	.6	1.7	.7
1930	28,000	17	9.5	87	.39	.7	1.2	1.2
1931	27,130	17	11	68	.19	.7	1.5	.9
1932	26,840	15	11	85	.03	.7	1.5	.6
1933	26,880	16.4	11.2	95	.18	.8	1.6	.8
1934	26,230	16.7	12	66	.15	.4	1.2	1.5
1935	25,800	16	10	53	.04	.8	1.2	1.17
1936	25,170	15.9	12.6	82	.15	.76	1.2	1.16
1937	24,240	15.2	12.8	95	.08	.33	1.8	1.5
1938	23,860	17	11.6	45	.5	.54	1.13	1.5
1939	23,530	15	13.1	50	.04	.54	1.5	1.5
1940	23,160	18.6	12.9	65	.32	.21	1.5	1.6
1941	25,300	18.4	11.7	77	.28	.6	2	1.05
1942	25,000	18.6	11.2	58	.08	.6	1.5	1.6
1943	24,000	20.6	11.5	54	—	.58	1.5	1.5
1944	23,910	19.3	10.8	61	.25	.25	1.5	1.2
1945	23,560	19.4	11.7	44	—	.37	1.3	1.9
1946	23,310	19.5	11.8	33	.04	.73	1.7	1.3
1947	23,000	20.1	13.3	45	.08	.43	1.6	1.7
1948	22,720	20.1	12	48	.04	.56	1.7	1.5
1949	22,720	18.8	12.5	31	.04	.56	1.3	1.19
1950	22,620	15.6	13.8	45	—	.44	1.1	1.2

In examining the statistics for tuberculosis during this fifty years, one must consider the difficulties of diagnosis at the beginning of the century, hence it is reasonable to suppose that many of those who died of various forms of chest trouble were really undiagnosed, chronic, tuberculosis patients.

Furthermore, as one looks through the cancer mortality rate one may be surprised at the definite increase in later years but cancer is a disease of the aged and, at the present time, the population reaches a more advanced age than formerly.

### HOSPITAL SERVICES

There is an ever-increasing demand for hospital beds and facilities for out patients. I see no hope of an amelioration of these conditions until properly equipped health centres are organised where the general practitioner can have access to diagnostic facilities and laboratories. In a mining area, where there are so many accidents an X-ray plant would be a boon and blessing to the practitioner, the miner and the hospital authorities.

The serious accidents and the severe afflictions might then be weeded out and the consultants and specialists might devote their time to these without first having to wander through a labyrinth of minor ailments which could well be dealt with by the general practitioner. Furthermore, such investigations would be stimulating to the practitioner who now complains that he is merely the clearing house for the hospital or indeed in many cases the finger pointing to the hospital gates or perhaps the dresser at the advanced dressing station. Again, all accident cases have to be X-rayed in case the question of compensation arises.

It is, therefore, obvious that there is urgent need for the setting up of an X-ray plant and the institution of branch laboratories for the sole use of general practitioners to which immediate access is possible at any time. As a consultant is not expected to work without such facilities, it seems unreasonable that the general practitioner who has such a wide field to investigate should be deprived of these essential aids to diagnosis. The Ocean Colliery has a well equipped surgery at the pit head and a nurse is always in attendance. This is an innovation which it is hoped will be

followed by a rapid expansion with all amenities immediately available. As far back as 1903, a general practitioner living in Llansamlet, an industrial area, seeing the need for X-ray plant purchased one himself making frequent and good use of it. The pioneer spirit was strong in him and had other general practitioners of his age such progressive views as his, there would have been no need of the suggestions embodied in this report.

### BLACKMILL ISOLATION HOSPITAL

This remains the fever hospital for the area; at present, the local authority has one co-opted member on the local house committee; one feels that such representation is inadequate since the Ogmore and Garw Council has had for so many years extensive experience in hospital administration.

The following notifiable cases were admitted from this area in 1950. Other cases were also admitted but were not classified as infectious diseases.

Scarlet Fever.....	78
Poliomyelitis .....	6
Sonné Dysentry .....	11
Gastro Enteritis in infants .....	19
Erysipelas .....	7
Puerperal Pyrexia .....	2
Influenza .....	5
Infective Hepatitis .....	2
Canicola Fever .....	1
Measles and Pneumonia .....	13
Measles and Gastritis .....	2
Measles .....	20
Measles and Whooping Cough .....	3
Measles and Scarlet Fever .....	1
Whooping Cough and Pneumonia.....	2
Whooping Cough and Bronchitis .....	1
Whooping Cough .....	8
Whooping Cough and Septic Throat .....	1
Typhoid .....	2
Tuberculos Meningitis .....	2
Glandular Fever .....	1

Thirty-nine cases of measles were admitted, of these, all were of a severe type, 13 had bronchial pneumonia, 3 had whooping cough and 1 had scarlet fever. There is no doubt that lives are saved by hospitalizing these cases.

There were 15 cases of whooping cough : the following had complications, 3 had measles, 2 had pneumonia, 1 had bronchitis and 1 had a septic throat.

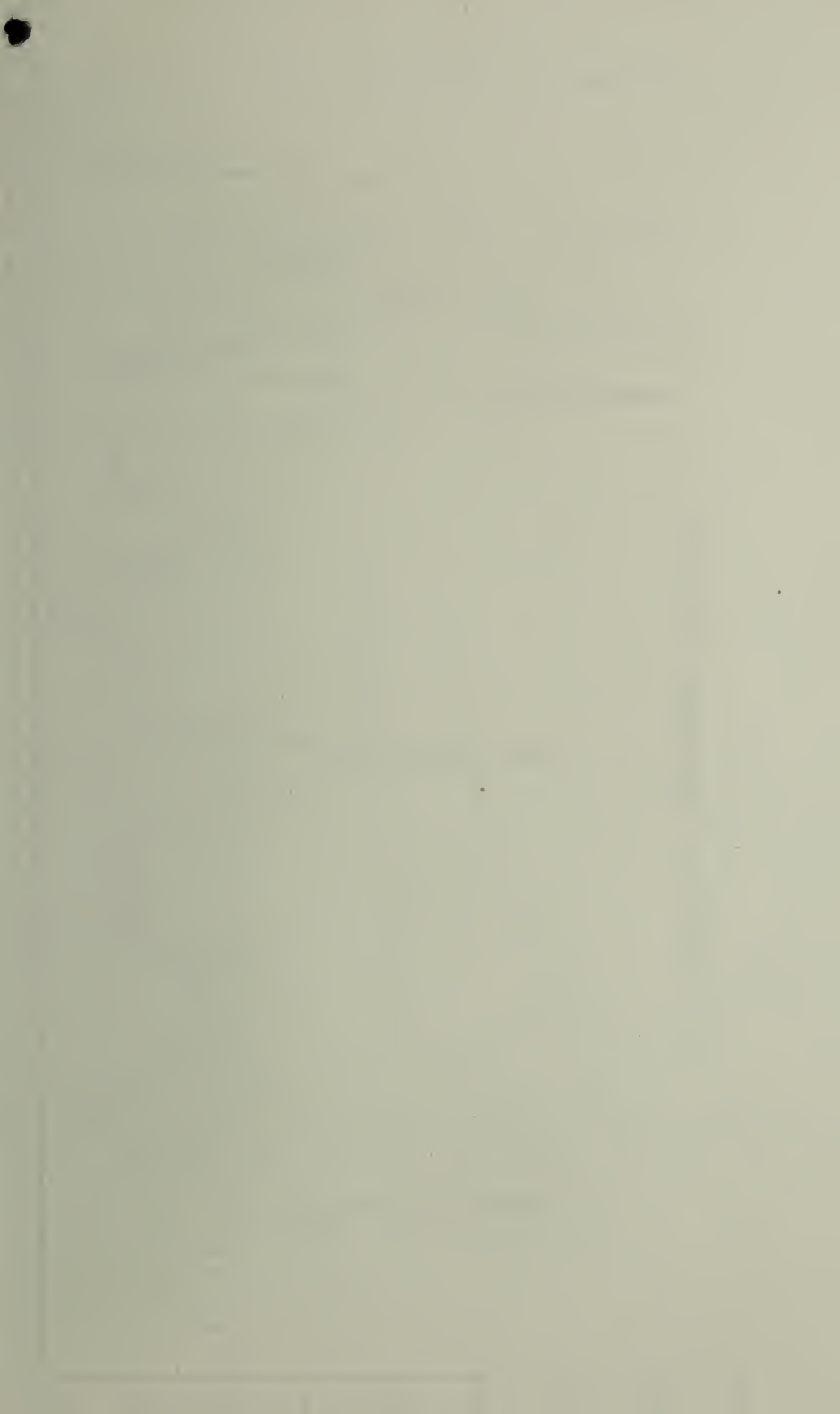
## PREVALENCE AND CONTROL OF INFECTIONS DISEASES

For the third year in succession, not a single case of diphtheria was notified. In the very numerous throat examinations carried out, no diphtheria bacillus was isolated. There is a danger that this fact may induce people to become complacent and neglect to take their children to be immunised. It is still an ever-present danger. It has not been possible to obtain the number of immunisations carried out in the different valleys since the inception of the National Health Service. They are kept as an integral part of the Mid Glamorgan region. One feels it would be more satisfactory if the original system of filing the different valleys separately persisted for then one could observe which area displayed a falling off in attendance and one could concentrate on such a district.

Periodical visits are made to the schools in the area for the purpose of immunising the "over-fives." The response in all cases is excellent.

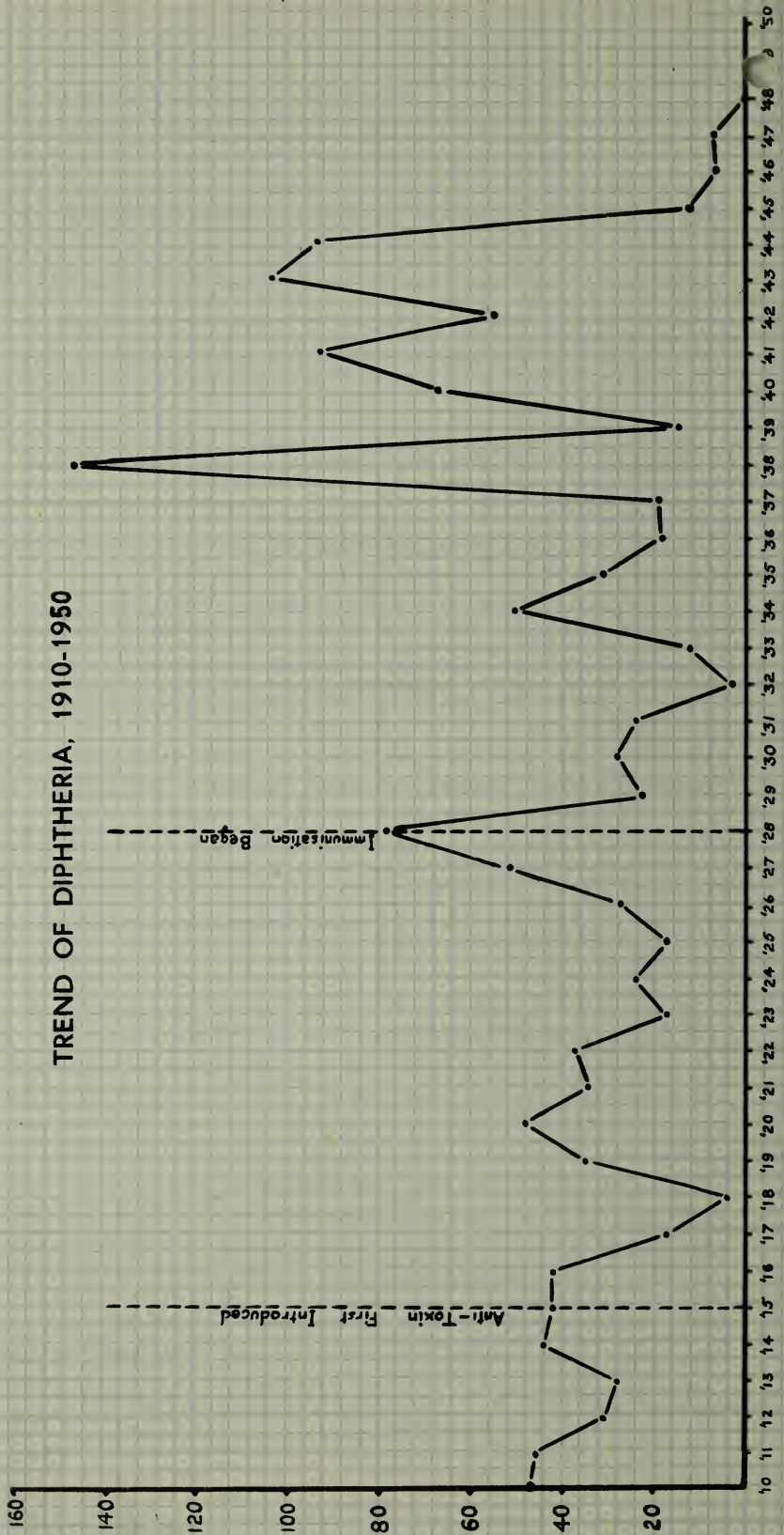
There were fewer cases of scarlet fever than last year but there were a certain number of a virulent type. Scarlet fever is now regarded as a mild disease and hospitalization is not recommended unless (a) it appears to be a severe case, (b) home conditions are unsatisfactory, there not being facilities for isolation, (c) it is apparant that the nursing would be unsatisfactory, (d) complications are present. The disease has been waxing and waning for hundreds of years and this may be one of the mild periods. The doctors in this area recommend the majority of cases to be admitted to hospital for one or other of the reasons listed above.

We find that 3, 4, 14 and 28 types of streptococci are now common and there was a marked increase in type 4 which previously was rare in this district.



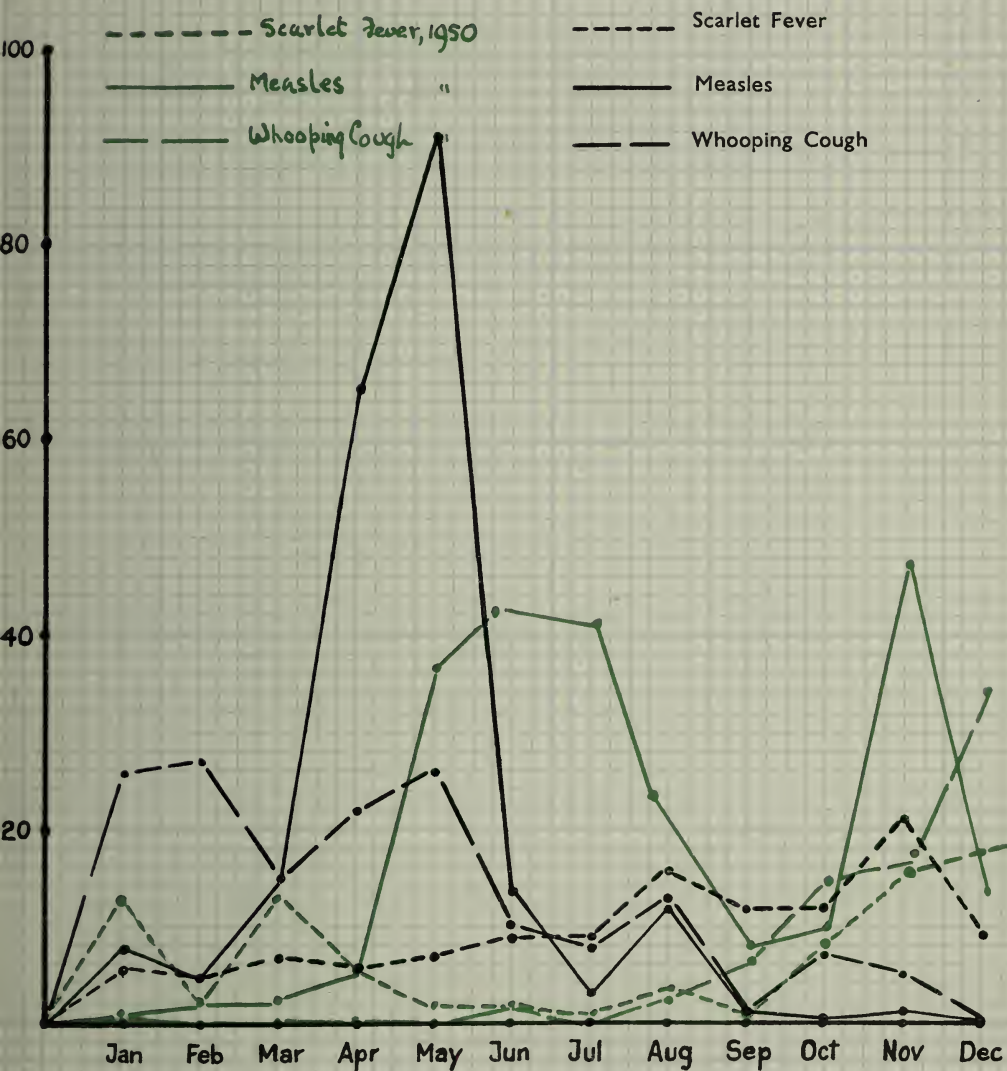


# TREND OF DIPHTHERIA, 1910-1950





# TRENDS OF INFECTIOUS DISEASES, 1949/1950.





## NOTIFICATION OF INFECTIOUS DISEASES FOR EACH MONTH.

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever ...	15	3	11	5	2	2	1	4	2	8	16	18	87
T.B. (a) Respiratory ...	2	3	2	1	5	—	2	4	1	1	—	2	23
(b) Other Forms ...	2	—	—	1	—	—	2	1	2	—	1	—	9
Pneumonia ...	4	7	2	4	5	3	4	1	1	3	5	—	39
Measles ...	—	3	3	6	37	46	43	23	8	10	47	15	241
Whooping Cough ...	1	—	1	—	—	2	—	3	9	19	21	34	90
Erysipelas ...	—	1	3	—	—	—	—	—	—	2	1	—	7
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (pneumococcal) ...	—	—	—	1	—	—	—	—	—	—	—	—	1
Meningitis (T.B.) ...	—	—	—	—	—	—	—	—	—	—	1	—	1
Meningitis (Lympho-cytic-chorio)	—	—	—	1	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	1	—	6	3	—	—	3	—	—	—	—	13
Puerperal Fever ...	—	2	—	—	—	—	—	—	—	—	—	—	2
Polio-myelitis ...	1	1	—	—	—	1	2	1	1	—	—	—	7
Enteric or Typhoid ...	—	—	—	—	—	—	—	1	1	—	—	—	2

### Notifiable Diseases during the Year 1950.

## CASES NOTIFIED.

Diseases	Under 1		1—3		3—5		5—10		10—15		15—25		25 and over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1	1	3	3	13	10	21	16	7	6	1	3	—	2	87
Poliomyelitis	1	—	1	2	—	—	—	—	2	—	—	—	—	1	7
Whooping Cough	7	6	15	9	12	16	14	6	1	4	—	—	—	—	90
Measles	13	4	29	30	50	18	29	40	15	10	1	1	—	1	241

## CASES NOTIFIED.

[illegible]

There was a slight increase in the number of cases of measles.

There are facilities for isolating cases with complications at the Isolation Hospital.

Whooping Cough showed a marked decrease. Facilities are available for isolating cases where conditions are severe and home surroundings unsatisfactory.

Five cases of infantile paralysis occurred in the summer. They were totally unrelated, so the source of infection could not be traced.

The two cases of typhoid were of type B which has not been previously known in this valley. The source of infection was traced to contacts outside the area.

Thirteen cases of Sonn  dysentery were notified but there were many other cases which could not be proved bacteriologically as the infection had cleared up before they were discovered. Unfortunately, they had, in some cases, passed the infection on to someone else. It is more difficult to follow up such cases now that the control of the Health Visitors has passed out of the hands of the local authority. The work now devolves on the Medical Officer and the Sanitary Inspector. In cases of dysentery, the source of infection can usually be found but it takes time and patience to conduct the special investigations necessary. When the aid of the health visitors was available, the net could be cast more widely for the taking of rectal swabs and such was of enormous assistance.

Experiments are being carried out throughout the country by the Medical Research Council on the value of immunisation against whooping cough. One centre is at Cardiff. The outcome of these experiments will determine whether mass inoculation will be adopted.

### **AFFORESTATION**

During 1950, planting of about 350 acres in the Ogmore and Garw area was in progress; planting for the most part was in Nantymoel with a little around Pontyrhyl. The species planted were Japanese larch, Scotch pine, Sitka spruce, Norwegian spruce and Douglas fir. An average of about 30 men are employed. As the planting continues and the work of thinning out begins, there will be a decided increase in the number of people employed. Three houses, one detached and two semi-detached are to be built at Glynogwr for the forestry personnel. Two houses are also to be built at Nantymoel.

## THE SANITARY ADMINISTRATION OF THE AREA

The number of inspections and re-inspections made during the year was as follows :—

Visits to houses under the Public Health and Housing Acts	818
Revisits .....	1821
Inspection of Milk Shop Dairies .....	65
"    "    Cowsheds .....	11
"    "    Slaughterhouses .....	648
"    "    Workshops .....	160
"    "    Bakehouses .....	242
"    "    Ice Cream Dealers .....	65
Investigations and Visits re Infectious Diseases .....	72
Premises Disinfected .....	75
Drains tested .....	107
Complaints investigated .....	760
Visits to Shops .....	221
Visits to Schools and Public Buildings .....	74
Investigations of Swimming Baths .....	47

### FACTORIES ACT, 1937

The following table sets out the number and classification of factories in the district :—

(a) Workshops where no mechanical power is employed :—

Motor Repairs .....	1
Boot Repairs .....	4
Carpenters .....	6
General Smiths .....	1
Watchmakers .....	3
Dressmakers .....	4
Plumbers .....	4
Furniture Upholstery Repairs .....	2

(b) Factories where mechanical power is employed :—

Motor Repairs .....	5
Electricity .....	2
Carpenters .....	5
Bakehouses .....	8
Boot Repairs .....	7
Printing .....	1
Milk Pasteurisation .....	1

**PRESCRIBED PARTICULARS ON THE ADMINISTRATION  
OF THE FACTORIES ACT, 1937. Part I. of the Act.**

**1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).**

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	25	160	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	29	65	—	—
(3) Other premises in which Section 7 is enforced by the Local Authority ...	—	—	—	—
<b>Total ...</b>	<b>54</b>	<b>225</b>	<b>—</b>	<b>—</b>

**2.—Cases in which defects were found.**

Particulars	Found	Remedied	Referred		Number of Cases in which prose- cutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S1)	—	—	—	—	—
Overcrowding (S2) ...	—	—	—	—	—
Unreasonable Temp. (S3)	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
<b>Total ...</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

**Part VIII.—There is one outworker in this area who is knitting garments for a Glasgow firm.**



## WATER SUPPLY

The supply of water was adequate in quality and quantity during the year.

Of the 48 samples taken for bacteriological examination 11 were unsatisfactory. When an unsatisfactory result is sent from the laboratory, the Manager of the Mid Glamorgan Water Board is informed immediately by telephone and prompt investigation is made to ascertain the reason. The water from the Cwm-Nant-y-ci source, still has a plumbo-solvency action. This acid water has a pH content of 5.5 before treatment. Control tests are made after treatment 3 or 4 times weekly and the pH varies between 6.8 and 7.6. It is treated with soda-ash.

The following is a specimen sheet of analysis from the Cwm Nant-y-ci source carried out at the County Laboratory, Cardiff. Two samples were taken to test for plumbo-solvency.

The following is a typical sample of raw water :

### REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER.

*Labelled:* A—Blackmill Hospital—Overnight contact.

B—Blackmill Hospital—10 minutes contact.

Number of Sample	...	...	A—1014	B—1015
Date of Analysis	...	...	June 15th	— 19th
Appearance in two foot tube	...	...	Brownish	Yellowish Green
			Rather Turbid	Clear
Colour (Burgess Scale) Units	...	...	120	40
Reaction, pH	...	...	7.2	7.0
Total Hardness—	...	...		
(a) Temporary	...	...		—
(b) Permanent	...	...		—
Chlorides expressed as Cl.	...	...		—
Nitrates expressed as N.	...	...		—
Nitrites expressed as N.	...	...		—
Free Ammonia	...	...		—
Albuminoid Ammonia	...	...		—
Oxygen absorbed in 4 hours at 80deg.F. from Permanganate...				—
Poisonous Metals	...	...	Lead 0.010	Lead 0.004
			Iron 0.16	Iron 0.03
Volume of Sediment	...	...		—
Microscopical Examination of the Sediment	...	...		—
Residual Chlorine in parts per million	...	...	Trace	Trace

parts per hundred thousand



*Remarks :*

A.—A neutral water containing a trace of dissolved lead and large amount of dissolved iron. The physical characters are unsatisfactory owing to the presence and subsequent oxidation of the dissolved iron causing discolouration and turbidity.

B.—A neutral water containing a fair trace of dissolved lead and small amount of dissolved iron. The physical characters are fairly satisfactory.

## REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER.

Date of Analysis ... ..	16.5.50
Appearance in two foot tube ...	Pale Green.
	Clear
Colour (Burgess Scale) Units ...	20
Reaction, pH ... ..	7.6
Total Hardness— ... ..	7.0
(a) Temporary ... ..	—
(b) Permanent ... ..	—
Chlorides expressed as Cl. ...	0.8
Nitrates expressed as N. ...	Pract. Nil
Nitrites expressed as N. ...	—
Free Ammonia ... ..	—
Albuminoid Ammonia ... ..	—
Oxygen absorbed in 4 hours at 80deg.F. from Permanganate...	—
Poisonous Metals ... ..	—
Microscopical Examination of the Sediment ... ..	—

parts per hundred thousand

*Remarks :—*

A fairly soft faintly alkaline water.

The physical characters are satisfactory.

## REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

Lab. Ref. ... ..	6102	6103
Date Received ... ..	24.10.50	
	18 Cemetery Rd. O. Vale	41 David St., Blaengarw
Bacteria developing per ml. at 22° C in 3 days ... ..	—	—
Bacteria developing per ml. at 37° C in 2 days ... ..	—	—
Presumptive Coliform Count ...	0 Per 100 ml.	3 Per 100 ml.
Approx. faecal Coli. Count ...	0 Per 100 ml.	0 Per 100 ml.
Approx. non-faecal Coli. Count ...	0 Per 100 ml.	3 Per 100 ml.
Remarks ... ..	Satisfactory	Unsatisfactory

**MID-GLAMORGAN WATER BOARD**  
**RAINFALL RECORDS FOR THE YEAR ENDED 31st DECEMBER, 1950.**

Month	Merthyr mawr	Bridg- end	Schwl llan	Llan- haran	St. Athan	Pwllw Maesteg	mill	Black-Ogmore	Ponty Vale	cymmer
Jan.	1.74	1.60	1.64	2.28	1.42	1.80	3.41	3.80	4.58	4.84
Feb.	6.34	6.10	6.02	8.01	7.20	7.08	11.14	8.83	15.50	12.80
Mar.	2.01	2.43	2.31	2.79	1.75	2.13	4.81	3.96	6.41	6.46
April	3.61	3.72	3.12	3.49	2.87	3.26	6.00	4.75	6.75	6.84
May	1.27	1.79	1.55	2.09	1.59	1.74	1.74	1.60	2.73	2.44
June	1.75	2.04	1.61	2.14	0.90	1.42	5.12	3.35	5.25	5.06
July	6.07	6.15	4.89	6.72	6.94	5.69	8.46	8.22	11.20	9.32
Aug.	8.10	8.84	7.84	9.72	8.81	8.76	14.06	9.54	16.39	13.55
Sept.	8.70	7.71	6.85	9.56	9.60	7.54	15.18	11.18	16.72	13.56
Oct.	3.38	3.64	2.99	3.33	2.69	3.08	5.52	3.45	5.77	5.36
Nov.	7.30	7.37	6.54	8.35	6.49	7.40	9.79	7.75	11.90	10.45
Dec.	3.31	3.60	3.36	3.96	2.88	3.87	4.75	4.54	6.06	4.56
Tot. For 1950	53.58	54.99	48.72	62.44	53.14	53.77	89.98	70.97	109.26	95.24
Tot. For 1949	41.48	43.28	38.82	48.72	38.98	**	65.99	53.97	79.21	74.52

\*\*—New station commenced Nov. 1949.  
 31st January, 1951.

H. W. ADAMS, Manager and Clerk.

**AVERAGE ANNUAL RAINFALL**

	1948	1949	1950
Southern Area (Cols. 1 - 5) :—	51.09	42.26	54.44
Northern Area (Cols. 7-10) :—	87.20	68.42	91.36

Bacteriological Examination of raw water is not made by this Authority. This is left to the Mid-Glamorgan Water Board.

Water main extensions in the Ogmore and Garw Urban district during the year 1950 :

Evanstown Housing Scheme—500 yds. 3-inch C.I. main

Glynllan, Blackmill—300 yds. 4-inch C.I. main.

270 yds. 3-inch C.I. main.

Llangeinor No. 5 Scheme—550 yds 3-inch C.I. main.

99.8% of the houses in the area are joined to the main.

There are no stand pipes.

## HOUSING

No houses were built during 1950.

The difficulty in this area seems to be that of finding suitable sites for the erection of houses. I must refer again to the question of vertical buildings in the form of blocks of flats. As hospital accommodation is so limited, there is an urgent need for the construction of houses with an extra bedroom so that less serious cases can be nursed at home. The home help service is now expanding and seems to be fulfilling its purpose satisfactorily; with such help and the necessary accommodation, ideal conditions are provided for the nursing of minor ailments, for often the home is the best place for quick recovery. This is especially so in the case of children who would not then be subject to cross infection. Flats could be of great service in the housing of the aged who could be accommodated in small units on the ground floor where they could form part of the community and yet live in their own little ivory towers should they so wish. The same virtue attends small houses placed in juxta-position to larger ones. The old system of providing almshouses for the aged is much to be deprecated for it engenders a feeling of segregation. The local authorities can build homes but the developing of the spirit of neighbourliness and mutual aid rests with the individuals; in this way would the improvement in spiritual values write finis to the loneliness of old age.

It is of paramount importance to impress on people residing in the valleys the necessity of fresh air and light. Unfortunately the fact that windows are getting smaller does not encourage the tenants

of the new houses to rate these two priceless yet free commodities at their value. The word "draught" is a shibboleth which should be erased from their minds.

A little more imagination in constructing houses might give people more pride in them. A variation in the types of building in one row gives an artistic value not obtained when each house is a facsimile of its neighbour.

Let those who are interested in gardens be placed in houses and those not so interested, in flats for nothing is more beautiful than a well cultivated garden and nothing uglier than a badly kept one.

During 1950, one private house licence could be built for every ten built by the council. Under this regulation 10 licences were issued to those who wished to build their own houses. Of these only one elected to build within the area, the other licences were for houses to be built in Porthcawl or Bridgend.

One privately built house was completed and occupied by a doctor bringing the medical services within easy range of the developing housing site.

### HOUSING INSPECTIONS

The following table summarizes the work of the Sanitary Inspectors during the year, in relation to their housing duties :—

#### 1.—Inspections of dwelling houses during the year :—

(a)	Total number of houses inspected for housing defects and number of inspections made .....	818
(b)	Revisits .....	1821
(c)	Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	nil
(d)	Number of dwelling houses found not to be in all respects fit for human habitation .....	552

#### 2.—Remedy of defects during the year without service of formal notice :—

(a)	Number of houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	358
-----	--	-----

## 3.—Action under Statutory Powers :—

## Proceedings under Housing Acts :—

(a)	Number of dwelling houses in respect of which notices were served requiring repairs	3
(b)	Number of dwelling houses rendered fit after service of notices :—	
i.	By Owners	3
ii.	By Local Authority in default of owners	nil

## 4.—Proceedings under the Public Health Acts :—

(a)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	194
(b)	Number of dwelling houses in which defects were remedied :—	
i.	By Owners	186
ii.	By Local Authority in default of owners	nil

## 5.—Demolition Orders :—

(a)	Number of houses in respect of which demolition orders were made	nil
(b)	Number of houses demolished	nil
(c)	Number of tenements in respect of which Closing Orders were made	nil
(d)	Number of houses closed but not demolished	nil

**HOUSING ACT, 1936, SECTION 47.**

Five conversions of earth closets to water closets were carried out. The houses in question were joined to the main sewer. They were 1 and 2 Railway Terrace, Shwt; 1, 2 and 3 Mount Pleasant, Llangeinor.

**RECREATION**

During the year, the coal tip at Evanstown, which for many years had completely obliterated the view from the windows of the adjacent street was levelled off and recreation grounds are to be laid out, providing 11 acres of sorely needed playing fields, parks, etc.

**SUBSIDENCE**

There is still much underground movement which affects the houses in both valleys. Under the Mining Subsidence Act of 1949, the National Coal Board are responsible for carrying out repairs where it can be proved that the damage is the result of mining operations carried out since 1947.

Towards the end of 1950, work had been carried out under this Act by the National Coal Board.

### **CINEMATOGRAPH ACT, 1909**

Inspection of cinemas is carried out by the National Fire Service and reports are forwarded to the Council.

Sanitary Inspections are carried out by members of the Public Health Department. Sanitary improvements were carried out at the Olympic, Ogmere Vale, during the year.

### **SCAVENGING**

Collections of refuse are made three times a week. This year has seen the last of the horse-drawn vehicles for this work. Collections are made in partially covered lorries and also unfortunately in open lorries; these last leave much to be desired from a hygienic viewpoint as the dust and rubbish blow over the streets and also over the collectors; such lorries are thoroughly unsatisfactory. In the new council sites, covered bins are provided but in the rest of the area, receptacles are of the decrepit bucket type which are, more often than not upset by the foraging flocks from the hill tops who regard such as their legitimate means of sustenance.

This authority has been actively discussing ways and means of supplying each house with a proper covered-in bin but a solution has not yet been found. I hope this problem will soon be dealt with adequately.

Disposal of refuse is another vital problem. The present dumps are, in my opinion, unsanitary and unsightly. To keep sheep off them is impossible; it is thought that these flocks might contact foot and mouth disease from the bones (often of imported animals) which are deposited on the dumps. Owing to the configuration of the area, fencing is most difficult; the expense is considered prohibitive.

A refuse destructor, seems to be the only solution. The suggestion that such a destructor should be installed is found in the annual report of this area for 1899, so it is not a new idea.



## MILK

Twenty-seven samples of pasteurized milk were examined at the Public Health Laboratory in Cardiff.

Of these, 78% were satisfactory. Included in this test was the phosphate test. This has been evolved to test the efficiency of pasteurization.

Nineteen samples of ungraded milk were examined and 91.5% were found satisfactory. This shows a very great improvement in the production of clean milk.

The Young Farmers' Club is most active in this district and the above laudable results are doubtless due in great part to the co-operation of its members.

The Council can play its part in bringing about a 100% satisfactory result by, where possible, aiding the farmers in their efforts to obtain a water supply from the main and electricity to operate the new machines now obtainable. Since more milk than ever is being drunk in this area at the present time, it is especially important that all supplies should be above suspicion.

While looking through the archives at the Council Office, I came across a series of letters which the late Dr. Murphy had circularised to the farms of the area during the first months of 1928. The letters dealt with arrangements for the holding of classes to assist milk producers in technical matters arising in connection with the then recently adopted Milk and Dairies order. The milking instructress of the Glamorgan Agricultural Committee was prepared to conduct milking classes, clean milking demonstrations and demonstrations in the testing of milk for sediment and butter fat. She would also visit farmers and milk vendors in the Ogmere and Garw area to advise in all technical matters in connection with clean milk production. A travelling milking class also would be arranged where desired. All these services were free.

It is such innovations as these that sowed the seed, the fruits of which we gather 22 years later in the form of high standards in milk production.

## ICE CREAM

Thirty-seven samples of ice cream were sent in for examination. Of these, 8% were unsatisfactory.

This shows a step towards the 100% at which we aim.

## **FOOD AND DRUGS ACT, 1938, SECTION 17.**

By this section food poisoning was made notifiable by the practitioner to the Medical Officer of Health. In 1949 the Registrar General requested the Medical Officers of Health to include the notified cases of food poisoning in the weekly returns and also to make a quarterly return of the total of such cases.

### **FOOD POISONING**

Four cases of food poisoning were notified in 1950: they occurred in the Ogmore valley during the year.

The first case occurred in February in the Wyndham where the patient was a male child of 3 weeks; the causal agent was salmonella Dublin; the source of this infection was not discovered. This infection is peculiar, since a carrier state frequently persists for very long periods. This child had to be isolated for 3 months before he could be pronounced as free from infection.

The second case occurred in Ogmore Vale in June. The patient was an elderly female; the cause was unidentified though some potted meat was suspected.

In the third series, a husband and wife were the victims. They had partaken of home cooked ham which had been boiled four days previously. *Staphylococcus aureus* was isolated from the remains of the ham.

### **BYE-LAWS UNDER SECTION 15 OF THE FOOD AND DRUGS ACT, 1938**

It has been decided for the present not to adopt these bye-laws. The difficulty would be to enforce them. For one thing there is a great shortage of wrapping material. Instead, it has been decided in the first instance to obtain the co-operation of the food handlers and to foster in them a pride in producing clean, wholesome food. A code, similar to the one drawn up for the ice cream vendors is to be distributed to all food handlers. It will be explained that the council would prefer the gentler means of persuasion to the harsher measures of enforcement.

It is confidently believed that this will have the desired effect.



## CODE

The following is the code distributed to the shop-keepers.

Many illnesses are spread by contaminated food and it is the desire of all concerned in the food trade to reduce the risk of such illness to the minimum. Scrupulous attention to the cleanliness of premises and of persons is necessary to remove the risk.

Certain ideal conditions might at first be difficult to obtain especially those which would require redesign of premises with new fittings and labour saving devices but meanwhile much can be done. Contamination of food can be considered as falling under two headings :—

1. General contamination from dirty premises.
2. Particular contamination from the body of human beings who handle the food.

We should like to draw your attention particularly to the second of these as it is not sufficiently realised that many if not most of outbreaks of food borne illness can be traced back to some *person* who prepared or handled the food and not to the general dust of the premises where the food was prepared. While admitting the difficulties of obtaining ideal premises we wish the food trade to do everything in its power *now* to improve conditions which will encourage cleanliness of persons among the staff.

We believe the following recommendations, if wholeheartedly followed, would go a long way to remove the risk of spread of infection by food.

### 1. WASHING OF HANDS.

Assistants will not wash their hands frequently unless facilities are good. There must be an ample supply of hot water, soap, nail brush and dry towels.

It is imperative that all those who prepare and handle food should wash their hands thoroughly using a nail brush after visiting the toilet.

### 2. CUTS AND SORES.

Cuts and sores on the hands and arms should be promptly treated.

### 3. PREMISES MUST BE KEPT FREE FROM FLIES.

### 4. PREMISES MUST BE RID OF MICE.

### NATIONAL ASSISTANCE ACT—Section 47.

By this section of the act, the responsibility for removing people to homes when they are unable to look after themselves has been placed on the county district authorities. No action was taken during 1950 under this section but two elderly people were persuaded for their own good to enter the institution at Pontypridd.

### WELFARE OF THE AGED

The Council have organised a welfare association with the object of studying the needs of the elderly people of the area and the best means of meeting such needs. For this purpose, invitations are to be sent to all organisations of the area requesting them to send delegates to a meeting which is to be convened in January, 1951 in order to work out practical details.

### AN OUTBREAK OF INFECTIVE HEPATITIS IN THE GARW VALLEY

Between October, 1949 and April, 1950, 66 cases of infective hepatitis occurred in and around the Garw valley. In actual fact more than this number were probably infected but where any doubt as to the diagnosis arose, the case in question was excluded.

The clinical features were typical, the onset of the disease being characterised by nausea, anorexia and vomiting lasting for a period of approximately three days. This was followed by jaundice of varying intensity. Associated with the jaundice were dark coloured urine, pale coloured stools, constipation and occasionally itching.

The distribution of cases over the period October to April was as follows :—

Month	.....	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.
No. of Cases	.....	7	20	17	13	4	3	2

It was not possible to determine the origin of infection. A promising source was a boy who arrived in a jaundiced state near the end of September, to stay with his grandmother at an address in one of the streets where cases later occurred. Unfortunately on investigating this case, no contact could be established between the lad and any of the subsequent cases. The boy himself had returned to his home town in Devonshire and his grandmother maintained that at no time had he come into contact with any of the children falling sick in October. The primary cases occurring were not in

the same street and the incubation period from the arrival of the boy to the outset of symptoms in the first October case was rather shorter than would be expected, had he been the true source of infection. The initial cases went sick on October 4th, 14th and 17th respectively. It was impossible to decide whether this indicated more than one source of infection or a variation in the incubation period of the disease. The latter has approximate limits 20-40 days, although there is not entire agreement on this matter. (Booth 1928, Pickles 1939, Naughton et al, 1950.)

The initial cases in the street in which the jaundiced visitor lived fell ill on November 7th, 1949 and November 28, 1949. Such times of onset do not suggest this source of infection.

The age distribution of cases was as follows :—

Age group .....	0-4	5-9	10-14	15-19	20-29	30 & over
No. of Cases .....	6	43	8	5	2	2

### **Infected Areas.**

The region where the epidemic occurred was in the lower part of the Garw valley in the villages of Llangeinor, Pontyrhyl, Pantygog and Bettws.

### **SCHOOLS.**

Each village has its own school for children under 11 years. Pontyrhyl has two schools, one each side of the valley. One of these, Lluest school, is attended by children between 5 and 7 years and the other, Pontyrhyl school by children between 5 and 11 years. The children of 11 years and over of each village travel by bus either to the grammar school, Pontycymmer, or the Blaengarw modern secondary school.

### **WATER.**

The main source of supply is common to the whole valley. A secondary source enters the main source of supply at Pontyrhyl, and is stored before entry into the main source, in a reservoir.

This reservoir itself serves areas in which no cases of infective hepatitis are known to have occurred. The localised nature of this outbreak in the face of a water supply common to areas where infection did not occur does not suggest water borne transmission. All water is chlorinated but is not filtered.

**MILK.**

In Llangeinor only pasteurised milk is sold while in Bettws nearly all raw milk is sold in the old part of the village where there were no cases. The bulk of the milk sold in both areas is sold also throughout the valley—in many areas where no cases were reported.

**FOOD.**

After careful inquiry, it was elicited that no illness suggesting infective hepatitis was diagnosed amongst those handling food, milk vendors or in any of their families. It is noteworthy that the majority of Bettws inhabitants shop in Pontycymmer where no cases occurred.

**SANITATION.**

There are a few houses in the area where methods of sewage disposal are primitive. No cases occurred in these houses.

**Distribution according to area and schools.**

- 42 cases occurred in Llangeinor.
- 7 cases occurred in Pontyrhyl.
- 4 cases occurred in Pantygog.
- 13 cases occurred in Bettws.
- 26 cases occurred in Llangeinor school.
- 8 cases occurred in Lluet school.
- 2 cases occurred in Pontyrhyl school.
- 12 cases occurred in Bettws school.
- 3 cases occurred in Blaengarw school.

One of the Pontyrhyl school cases lived in one of the infected streets in Llangeinor and all three of the Blaengarw cases lived in the most heavily affected street in Llangeinor.

**Time Relations of the different areas.**

- The first case fell ill in Llangeinor on October 4th.
- The first case fell ill in Pontyrhyl on November 16th.
- The first case fell ill in Pantygog on December 15th.
- The first case fell ill in Bettws on October 25th.

These time relations are compatible with contact spread from the lower to the upper parts of the valley.

### **Opportunities for spread of the disease.**

It is particularly significant that 71 out of 178 pupils at Llangeinor school live in one and the same street. It is also noteworthy that a great deal of mingling of the children of this street takes place at play in the street and in each others houses. It is not surprising that the inhabitants of this street accounted for 21 cases of the outbreak.

A railway follows the course of the Garw valley but is used principally for conveying coal, though there is an infrequent and badly patronised passenger service. No corridor trains run on this line so contamination of the line does not occur.

The most popular form of transport is by means of the buses which are usually very full.

The inhabitants of the new building sites at Bettws and Llangeinor, where the outbreak was concentrated do most of their shopping in Pontycymmer where they visit the friends and relatives with whom they previously lived. It must be emphasised that the population is extremely gregarious and much visiting, intermingling and congestion takes place.

Spread within the schools is obviously a potentially important means of disseminating the disease.

### **Incubation Period.**

While it is difficult on a number of counts accurately to fix the duration of the incubation period, it is possible from a consideration of acknowledged close contacts and family contacts to obtain a general value for it which is probably not far from the truth. It was not practicable to fix the period elapsing between the actual day of contact with infection and the onset of symptoms. In place of this, the period from the onset of illness in one case to the onset of symptoms in a close contact was determined as accurately as possible. As the duration of infectivity may be taken as 8 days before onset to about 7 days after the initiation of the disease (Mcfarlane, 1945) some apparent variation in the incubation period is understandable.

This figure was obtained from a consideration of eleven pairs of close contacts involving twenty persons in all, i.e. about one third of the total number of cases considered. The figures obtained

were 33, 36, 32, 35, 30, 30, 33, 33, 29, 30 and 32 days. From this we can conjecture that the incubation period in this outbreak was 29-36 days, a range in accord with the expected incubation period as judged from other outbreaks of this condition.

### *Discussion.*

It is generally accepted that infective hepatitis is caused by a filter passing virus. So far the virus itself has not been demonstrated culturally or by animal inoculation. The evidence for the existence of the virus is the ability to infect human volunteers by filtered washings from the faeces, serum, duodenal juice and nasopharynx of infected cases. It would appear that washings from infected faeces are most generally successful in transmitting the disease to human volunteers; these washings have been shown to be infective in the preicteric stage (Lancet 1944, II, 228 MacCallum and Bradley). The second point of note as regards the infecting agent is its resistance to drying and antiseptics such as chlorine in normal concentrations used in treating water supplies.

Such properties render the virus a potential menace from the viewpoint of transmission by contagion, fomites, and water supplies. Outbreaks have been described where the evidence suggested that the disease was water-borne (Keefe and Stokes, 1945). In this instance there was no evidence discovered pointing to food, water or milk as a mode of transmission. We are led to believe from the study of the dates of onset of illness in a series of close contacts coupled with a knowledge of the accepted incubation period of the disease that we are here dealing with case to case transmission. Assuming that the school child is the most susceptible individual, the spread of the disease in those areas where the greatest concentration of children of school age existed, is also in accordance with case to case infection. The largest number of affected persons occurred in new housing areas so that over-crowding would not appear to be an important factor in this outbreak. Knowing the infectivity of the faeces of an infected person, it would seem that the most probable mode of transmission of the virus from case to case is by contagion and the viability of the etiological agent under inimical circumstances would support this view.

The fact that the largest number of cases occurred in children of school age is the usual finding in outbreaks in this country. Whether this argues an immunity in the higher age groups, or



a non-specific factor related to the mode of transmission of the disease (B.M.J. June 19, 1949. P. 1041), we are not prepared to conjecture.

Certainly in the present instance the number of infected decreases rapidly after the age of ten. It is probable that in younger children, the habit of washing the hands after attending the toilet is infrequent. It is also possible, on the other hand, that the communal towel usual in schools, may make a perfunctory hand washing a menace rather than a virtue. Other communal articles such as pencils and books may play their part in the spread within the school. Close contact in play, organised or otherwise may have some significance.

It has been mentioned when discussing communications within the district, how the direction of spread of the disease would be expected from the lower to the upper parts of the valley. This in fact was the case.

Missed cases in the disease are well known, where the icterus is inimical and unrecognised. Such cases undoubtedly assist in transmitting the virus and confuse the epidemiological picture.

Mild cases in children are notoriously difficult to keep in bed, and in the present outbreak, one girl attended the school dance in the height of the infective period, while another boy regularly attended rehearsals of a Christmas play. The latter may well have accounted for the occurrence of the disease in an old lady of 65 in the house where the rehearsals were taking place.

It may be remarked that in a disease with a long incubation period, it is not always easy to determine the date of onset, memories of parents being vague when pressed for detailed information. In every case the dates of onset were determined by comparison of the parents' story, the school attendance records and the information supplied by the general practitioners.

As regards the control of the disease, little is practicable in a working community. Attempts were made to quarantine the victims of the complaint for fourteen days. Such attempts were not always by any means successful. In connection with the time of isolation adopted, a recent report on the infectivity of a case on the thirteenth day after onset may be mentioned.



### Summary

1. An outbreak of infective hepatitis is described.
2. The outbreak did not differ from the usually accepted pattern in any of the essentials.
3. The epidemiology is briefly discussed.

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I wish to thank Dr. R. W. T. Harvey of the Public Health Laboratory, Cardiff, for his invaluable assistance in this work.

### TUBERCULOSIS

Of the tuberculosis cases notified, twenty-three were pulmonary and nine were non-pulmonary.

Compared with 1949, this shows a welcome decrease amongst women, where the notifications are halved in the pulmonary group. There is also a decrease in the non-pulmonary group.

Amongst the pulmonary, ten were in the early stages, three moderately advanced, six advanced and the remainder were very advanced. Of the deaths from tuberculosis, four died before notification; two of these were diagnosed during a post-mortem examination.

Unfortunately a proportion of these were in a highly infectious state and were in considerable danger of infecting those living with them. The time lag between notification and admission to hospital still exists and averages about four months; this delay increases the danger. The Council, as a housing authority has a great responsibility here for in their hands lies the power to minimize the danger by providing those conditions which will aid in checking the spread.

Priority is being given to such cases as far as circumstances allow but a more frequent review of these cases in committee would be an advantage. It would be a great help if more detailed information as to the state of infectivity might be given as at present it is simply a notification that is received so that the Medical Officer has not a complete picture of the conditions. Had he the information by which he might gauge the degree of infectivity, he might utilize this knowledge when advising the committee on the allocation of houses.

Medical science has of late made such strides in the drug treatment of the disease, that treatment should be started immediately at home by the family doctor with the co-operation of the chest physician. Ambulance facilities are easily available now, and the patient could be taken to the clinic for frequent examination so that the improvement or otherwise could be noted. Alternatively, portable X-ray apparatus are now in use and the radiographer could go out to take an X-ray. These units are transferable in the smallest car.

Too much emphasis cannot be placed on the beneficial results of home treatment while waiting for a bed. The patient feels that something is being done in contrast to the hopeless feeling engendered by a policy of inaction. Mental stress is lessened and the fact that there is no delay in starting treatment acts as a general tonic.

In every advance in treatment, the tendency is to overlook the preventive side and often this is all important. It has happened thus in every stage of development in all fields of medicine. Sometimes the much vaunted treatment does not produce the expected results and much valuable time has been lost.

Unfortunately, it was impossible to secure the services of the mass radiography unit because it was fully booked up.

There was a marked decrease in the death rate, thanks in all probability, to the use of new developments in chemotherapy.

Of the non pulmonary type, there was one case of tuberculous meningitis, a boy of four being the patient. The source of infection

was discovered. This boy, under treatment, made a satisfactory recovery. There was one case of spinal tuberculosis and one of tuberculosis of the kidneys. The remaining seven cases were diagnosed clinically and found to be very mild gland infections—in fact possibly due to secondary infection from the throat. The latter were all given sun ray treatment from which they appeared generally to derive benefit.

## TUBERCULOSIS—1950

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-		Pulmonary		Non-	
			Pulmonary				Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	1	—	—	—	—	—	—
1—5	1	—	1	1	—	—	—	—
5—10	—	1	2	—	—	—	—	—
10—15	1	1	—	1	—	—	—	—
15—20	2	3	—	1	—	2	—	1
20—25	1	1	1	1	—	1	—	—
25—35	1	3	—	1	2	1	1	—
35—45	1	1	—	—	1	—	—	—
45—55	2	—	—	—	1	1	—	—
55—65	2	—	—	—	—	1	—	—
65 & Over	—	1	—	—	1	—	—	—
Total	11	12	4	5	5	6	1	1

## TUBERCULOSIS.

Notifications and Deaths 1930-1950 in the Ogmore and Garw Area.

Year	NOTIFICATIONS				DEATHS			
	Pulmonary		Non-		Pulmonary		Non-	
			Pulmonary				Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1930	20	21	11	16	10	5	3	2
1931	23	38	11	10	9	11	3	5
1932	29	32	10	7	9	10	3	1
1933	23	19	11	1	9	13	3	0
1934	16	23	7	6	4	7	1	1
1935	20	14	6	6	10	11	2	0
1936	23	20	5	6	11	8	2	2
1937	17	15	8	4	3	5	2	2
1938	12	14	11	8	7	6	3	0
1939	20	12	11	4	7	6	1	1
1940	17	19	7	10	2	3	2	2
1941	20	16	6	9	9	6	3	5
1942	11	16	10	8	7	4	4	0
1943	16	19	7	11	7	8	3	3
1944	20	24	10	5	6	8	2	0
1945	18	17	6	7	4	5	2	0
1946	23	14	7	10	9	8	0	3
1947	19	28	13	8	6	7	0	0
1948	15	16	3	4	5	10	—	1
1949	11	24	5	7	7	6	—	—
1950	11	12	4	5	5	6	1	1

**MEAT.****Carcases Inspected and Condemned.**

The following table sets out the amount of meat seized, condemned and disposed of as unfit for human consumption during the year :—

	Cattle excluding cows & bulls	Cows and bulls	Sheep and lambs	Calves	Pigs
Number killed ... ..	374	420	4404	489	151
Number inspected ... ..	374	420	4371	489	151
<i>All diseases except Tuberculosis.</i>					
Whole carcases condemned ...	0	0	8	0	0
Carcases of which some part or organ was condemned ...	74	235	396	1	3
<i>Percentage of the number in- spected affected with disease other than Tuberculosis</i> ...	19.9	56.0	9.06	.2	2.0
<i>Tuberculosis only.</i>					
Whole carcases condemned ...	0	10	0	0	0
Carcases of which some part or organ was condemned ...	54	193	0	0	0
<i>Percentage of the number in- spected infected with T'culosis</i>	14.0	48.3	0	0	0

**FOODSTUFFS CONDEMNED**

1 Calf Liver; 5 lbs. Home Killed Pork; 3 Pig Livers; 678 lbs. Frozen Imported Beef; 406 Sheep Livers; 2 Legs of Mutton; 56 lbs. of Frozen Mutton; 10 Beef Carcases and Offals complete; 10 Forequarters of Beef; 10 Hindquarters of Beef; 8 Sheep Carcases and Offals complete; 402 Bovine Livers; 342 Bovine Lights; 107 Bovine Heads; 423 Sheep Plucks; 2 Pig's Heads; 12 stone of Hake; 42 lbs. Kippers; 86 Rabbits; 86 Polish Geese; 137 lbs. Sausages; 3 Uruguay Turkeys; 201 lbs. American Cheese; 7 lbs. Danish Cheese; 54 lbs. Prunes; 30 pkts Pudding Mixture; 88 lbs. Cake Mixture; 20 lbs. Cream Cakes; 3856 Assorted receptacles of Preserves; 1908 Receptacles of Assorted Foodstuffs.

**RODENT CONTROL**

The Council employs a full time rodent operative who is an official of the Public Health department and who works mainly with the Senior Sanitary Inspector.

Summary of Disinfestation carried out during the year :—

Dwelling Houses .....	223
Businesses .....	27
Local Authority Premises .....	14

*Type of Infestation :—*

Major	.....	.....	.....	.....	.....	1
Minor	.....	.....	.....	.....	.....	273

*Sewers :—*

No. of Manholes prebaited	.....	.....	2921
No. of Manholes showing prebait takes	.....	812	
No. of Manholes poison baited	.....	.....	956
Poison used—Arsenic and Zinc Phosphide.			

### Causes of Death in Ogmore and Garw U. D., 1950.

Disease	(Registrar General)	No. of Deaths	
		M.	F.
1. Tuberculosis (Respiratory) .....		6	5
2. Tuberculosis (Other) .....		1	1
3. Syphilitic disease .....		0	0
4. Diphtheria .....		0	0
5. Whooping Cough .....		0	0
6. Meningococcal Infections .....		0	0
7. Acute poliomyelitis .....		1	0
8. Measles .....		0	0
9. Other infective and parasitic disease .....		0	1
10. Malignant neoplasm, stomach ....		3	3
11. Malignant neoplasm, lung, bronchus .....		5	0
12. Malignant neoplasm, breast .....		0	1
13. Malignant neoplasm, uterus .....		0	1
14. Other malignant and lymphatic neoplasms .....		13	13
15. Leukaemia, aleukaemia .....		1	1
16. Diabetes .....		1	4
17. Vascular lesions of nervous system .....		23	20
18. Coronary disease, angina .....		20	11
19. Hypertensions with heart disease .....		7	3
20. Other heart diseases .....		39	35
21. Other circulatory diseases .....		2	1
22. Influenza .....		1	0
23. Pneumonia .....		4	3
24. Bronchitis .....		5	5
25. Other diseases of the respiratory system .....		7	1
26. Ulcer of the stomach and the duodenum .....		2	0
27. Gastritis enteritis and diarrhoea .....		1	1
28. Nephritis and nephrosis .....		1	0
29. Hyperplasia of prostate .....		5	0
30. Pregnancy, childbirth, abortion .....		0	0
31. Congenital malformation .....		0	1
32. Other defined and ill defined diseases .....		22	16
33. Motor vehicle accidents .....		1	0
34. All other accidents .....		8	5
35. Suicide .....		1	0
36. Homicide and operations of war .....		0	0
		180	132



# GLAMORGAN (ADMINISTRATIVE COUNTY)—VITAL STATISTICS, 1950.

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		BIRTHS		DEATHS		INFANT MORTALITY		NEO NATAL MORTALITY	
		Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 year	Rate per 1,000 Live Births	Deaths under 4 weeks	Rate per 1,000 Live Births
England and Wales ...	...	...	15.8	9,437	11.6	466	29.8	284	23.83
Administrative County ...	...	11,920	16.15	7,027	12.79	358	39.09	209	23.56
Urban Districts ...	...	8,870	16.51	2,420	13.08	108	40.36	75	24.59
Rural Districts ...	...	3,050	15.20	...	12.01	...	35.41	...	...
<i>Constituent Dist.</i>									
Aberdare and Mountain Ash ...	...	548	13.35	625	15.23	18	32.85	11	20.07
Caerphilly and Gelligaer ...	...	514	16.13	442	13.92	25	48.64	15	29.18
Mid Glamorgan ...	...	769	22.23	435	12.57	42	54.62	17	22.11
...	...	708	19.45	405	11.13	25	35.31	17	24.01
...	...	236	16.77	136	9.67	9	38.14	6	25.42
...	...	425	18.44	318	13.80	19	44.71	11	25.88
...	...	353	15.61	312	13.79	16	45.33	10	28.33
...	...	125	11.90	122	12.90	3	24.00	3	24.00
...	...	543	15.81	398	11.59	24	44.20	15	27.62
...	...	507	15.73	437	13.56	14	27.61	7	13.81
...	...	660	15.92	529	12.76	22	33.33	16	24.24
...	...	600	15.30	513	13.08	31	51.67	21	35.00
...	...	476	18.66	322	12.62	16	33.61	11	23.11
...	...	179	12.88	88	9.61	13	72.63	10	55.87
...	...	739	16.78	516	11.71	25	33.83	16	18.94
...	...	705	16.74	480	11.40	17	24.11	11	15.60
...	...	462	12.40	397	10.65	14	30.30	10	21.65
...	...	11	10.09	17	15.60	...	...	...	...
...	...	289	16.00	137	7.59	10	34.60	5	17.30
...	...	286	15.53	240	13.03	7	24.48	5	17.48
...	...	164	14.39	165	14.47	6	36.59	6	36.59
...	...	363	14.17	287	11.20	12	33.06	8	22.04
...	...	456	13.97	462	14.15	16	35.09	12	26.32
...	...	1,802	16.05	1,653	14.72	82	45.50	43	23.86

West Glamorgan.

Rhondda.



## CAUSES OF DEATH













